UTILITY PATENT

Attorney Docket APPLICATION 1510.023

TRANSMITTAL

FIRST NAMED INVENTOR

OR APPLICATION IDENTIFIER

for nonprovisional applications under 37 CFR 1.53(b) Inventor Roy Martin TITLE: CALCIUM HYPOCHLORITE OF REDUCED REACTIVITY EXPRESS MAIL LABEL NO.: ET479400547US Date submitted: **APPLICATION ELEMENTS**

(See MPEP chapter 600 concerning utility patent appln.)

Commissioner for Patents **Box Patent Application** Washington, D.C. 20231

| 1. X Fee Transmittal Form 6. Microfiche Computer Program (Appendix) | | | | | | |
|---|----|--|--|--|--|--|
| (Submit an original, and a duplicate for fee processing) | | | | | | |
| X Specification 22 Total Pages 7. Nucleotide and/or Amino Acid Sequence Submission | | | | | | |
| (preferred arrangement set forth below) (if applicable, all necessary) | | | | | | |
| -Descriptive title of the Invention a Computer Readable Copy | | | | | | |
| -Cross References to Related Applications b Paper Copy (Identical to computer copy) | | | | | | |
| -Statement Regarding Fed sponsored R&D c Statement verifying identity of above copies | | | | | | |
| -Reference to Microfiche Appendix | | | | | | |
| -Background of the Invention ACCOMPANYING APPLICATION PARTS: | | | | | | |
| -Brief Summary of the Invention X Assignment Papers (copy) | | | | | | |
| -Brief Description of the Drawings (if filed) 9 37 CFR 3.73(b) Statement Power of Attorney | •у | | | | | |
| -Detailed Description 10 English Translation Document (if applicable) | | | | | | |
| -Claim(s) 11. X Information Disclosure X Copies of IDS | | | | | | |
| -Abstract of the Disclosure Statement (IDS)/PTO-1449 Citations | | | | | | |
| 3: Drawing(s) (35 USC 13) New Sheets 12. Preliminary Amendment | | | | | | |
| 4. X Decl./Pow. of Att. 2 13. X Return Receipt Postcard (MPEP 503) | | | | | | |
| a Combined Executed (original or copy) 14 Small Entity(2) Statement filed in prior | | | | | | |
| for C-I-P application) (Unsigned) Statement(s) Application | | | | | | |
| b Copy from a prior appln. (37 CFR 1.63(d)) | | | | | | |
| (for continuation/divisional with Box 17 completed) | | | | | | |
| [Note Box 5 Below] 15 Certified Copy of Priority Document(s) | | | | | | |
| I <u>Deletion of Inventor(s)</u> (If foreign priority is claimed) | | | | | | |
| Signed statement attached deleting 16 Other: | | | | | | |
| inventor(s) named in the prior application, | | | | | | |
| see 37 CFR 1.63(d)(2) and 1.33(b) | | | | | | |
| 5 Incorporation By Reference (useable if Box 4b is checked) | | | | | | |
| The entire disclosure of the prior application, from which a | | | | | | |
| copy of the Oath or Declaration is supplied under Box 4b, | | | | | | |
| is considered as being part of the disclosure of the | | | | | | |
| accompanying application and is hereby incorporated | | | | | | |
| by reference therein. | | | | | | |
| 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: | | | | | | |
| Continuation Divisional Continuation-in-part (CIP) of prior application No. | | | | | | |
| Customer Number or Bar Code Label or X Correspondence address below (Insert Customer No. Or Attach bar code label here) Cust. 1219/1 | | | | | | |
| (Insert Customer No. Or Attach bar code label here) Cusy. #2181/1 | | | | | | |
| | - | | | | | |
| | | | | | | |
| McHale & Slavin, P.A. | - | | | | | |
| ADDRESS: 4440 PGA Blvd., Suite 402 | | | | | | |
| CITY: Palm Beach Gardens STATE: FL ZIP CODE: 33410 | | | | | | |
| COUNTRY: U.S.A. TELEPHONE: (561) 625-6575 FAX: (561) 625-6572 | | | | | | |
| SEND TO: Box Patent Application, Commissioner for Patents, Washington, DC 20231 | | | | | | |

Express Mail Label ET479400555US

FEE TRANSMITTAL for FY2001

Date: 08/09/01

Application Number: N/A

Filing Date : N/A First Named Inventor : Martin

Group Art Unit : N/A

Examiner Name : N/A

| Total Amount DUE: \$710.00 | Attorney Docket No. 1519.023 |
|-------------------------------|------------------------------|
| METHOD OF PAYMENT (check one) | FEE CALCULATION (continued) |

| METHOD OF TATMENT (check one) | ILLC | ALCU | LATIO | A (COLL | nucu) | | | |
|--|-------|--------|--------------|---------|----------------------------------|--|--|--|
| 1. X The Commissioner is hereby authorized to charge | 3. AD | DITIO | NAL FI | EES: | | | | |
| the filing fees and any additional fees to: | Large | Entity | Small | Entity | | | | |
| Deposit: Account No 50-0214 | Fee | Fee | | Fee | FEE DESCRIPTION | | | |
| Deposit Deposit | Code | (\$) | | | <u> </u> | | | |
| Account Name: United States Filter Corporation | 105 | 130 | 205 | 65 | Surcharge - late filing fee/oath | | | |
| X Charge any additional Applicant claims small | 127 | 50 | 227 | 25 | Surcharge - late provisional | | | |
| Fee required under entity status. See. 37 CFR | | | | | filing fee or cover sheet. | | | |
| 37 CFR 1.15 and 1.17 1.27 | 139 | 130 | 139 | 130 | Non-English specification | | | |
| | 147 | 2520 | 147 | 2520 | For filing a Request. for Exam. | | | |
| 2 Payment Not submitted | 112 | 920 | * 112 | 920 | Req. publication of SIR prior | | | |
| Check Money Order Other | | | Ex | aminer | Action | | | |
| FEE CALCULATION | 115 | 110 | 215 | 55 | Extension - first month | | | |
| 1. FILING FEE | 116 | 390 | 216 | 195 | Extension - second month | | | |
| 31. 22. | 117 | 890 | 217 | 445 | Extension - third month | | | |
| Large Entity Small Entity | 118 | 1390 | 218 | 695 | Extension - fourth month | | | |
| Fee Fee Fee FEE DESCRIPTION/FEE PAID | | 1890 | 228 | 945 | Extension - fifth month | | | |
| Code (\$) Code (\$) | 119 | 310 | 219 | 155 | Notice of Appeal | | | |
| 101 710 201 355 Utility filing fee 710 | 120 | 310 | 220 | 155 | Brief in support of Appln. | | | |
| 106 320 206 160 Design filing fee | 21 | 270 | 221 | 135 | Req. for Oral Hearing | | | |
| 107 490 207 245 Plant filing fee | 138 | 1510 | 138 | 1510 | Petition to Institute Public | | | |
| ² 108 710 208 355 Reissue filing fee | | | | | Use Proceeding | | | |
| 114 150 214 75 Provisional filing fee | 140 | 110 | 240 | 55 | Pet. to revive - unavoidable | | | |
| | 141 | 1240 | 241 | 620 | Pet. To revive - unintentional | | | |
| SUBTOTAL (1) \$710.00 Fee from | 142 | 1240 | 242 | 620 | Utility Issue Fee | | | |
| 2. CLAIMS Extra below Fee Paid | 143 | 440 | 243 | 220 | Design Issue Fee | | | |
| Total Claims $23 - 20 = 3 \times 9 = 54 | 144 | 600 | 244 | 300 | Plant Issue Fee | | | |
| $=$ Independent $\frac{1}{1} - 3 = -0 - x = 40 = $-0 - $ | 122 | 130 | 122 | 130 | Petitions to Commissioner | | | |
| Multiple Dep 0 x = \$ -0- | 123 | 50 | 123 | | Petitions re: Provisional | | | |
| Claims | 126 | 180 | 126 | 180 | Sub. Of Infor. Discl. Stm. | | | |
| Large Entity Small Entity | 581 | 40 | 581 | | Record. Patent Assign. X | | | |
| Fee Fee Fee FEE DESCRIPTION | | | | | Per property | | | |
| Code (\$) Code (\$) | 146 | 710 | 246 | 354 | 5 Filing a Submission After | | | |
| 103 22 203 9 Claims in excess of 20 | 110 | , 10 | 210 | 555 | Final rejection (37 CFR .129(a) | | | |
| 102 82 202 40 Ind. Claims in excess of 20 | 3 140 | 710 | 249 | 355 | | | | |
| | 3 149 | /10 | 249 | | | | | |
| 104 270 204 135 Mult. Dependent claim | | | 1 1 | | be examined (37 CFR 1.129(b) | | | |
| 109 80 209 40 Reissue Independent Cla | | | _ | | Other fee (specify) | | | |
| 110 18 210 9 Reissue Claims in excess Other fee (specify) | | | | | | | | |
| 20 and oyer original patent | | | | | | | | |
| FEE SUBTOTAL(2) \$ 804.00 Preduced by Basic filing fee SUBTOTAL(3) | | | | | | | | |
| SUBMITTED BY: A therris M. Lander | | | | | | | | |
| Typed or printed Mary / Michael A. Slavin / / | | Re | g. No. | 34, | 016 | | | |
| Signature:/ // // // // // // // // // // // | | _ Dat | te: <u>0</u> | 8/09/0 | 1 Dep. Acct.: <u>50-0214</u> | | | |

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